

## TRAFFIC CALMING REQUEST FORM

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Neighborhood: \_\_\_\_\_

- ◆ Do you belong to a Neighborhood or Homeowner's Association or are you aware of one in your area? ☐ Yes ☐ No

If yes, which one? \_\_\_\_\_

- ◆ Are you interested in participating in a Traffic Calming committee in your neighborhood? ☐ Yes ☐ No

- ◆ In general, what are your concerns about the traffic in your neighborhood? (check all that apply)

- ☐ Speeding ☐ Cut-through traffic ☐ Number of Accidents  
☐ Exhibition Driving (i.e. donuts) ☐ High number of pedestrians  
☐ Other (please Explain) \_\_\_\_\_

- ◆ Are there specific streets or intersections that concern you? If so, please list them.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ◆ What concerns you about traffic at these locations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please submit a map  
of the problem area  
with this form**

- ◆ Do you have suggestions on how to improve traffic safety in your neighborhood?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be considered for the traffic calming program 66% of the residents in your neighborhood or on your street must sign the attached petition. Please submit it and this form to:**

**Santa Rosa County  
6051 Old Bagdad Highway  
Milton, FL 32583**